

# Cattoira Montessori School

**For CMS use only:**

Date Received: \_\_\_\_\_

Check number: \_\_\_\_\_ Amount: \_\_\_\_\_

Program(s): \_\_\_\_\_

Requested start date: \_\_\_\_\_

## APPLICATION FOR ADMISSION

**NAME OF CHILD:** \_\_\_\_\_

First

Middle

Last

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Gender: male female

Month/day/year

Home Address: \_\_\_\_\_

Street

Apt./ Floor no.

Home Phone no. (\_\_\_\_) \_\_\_\_\_

City/Town

State

ZIP

**Mother/ Co-Parent:** \_\_\_\_\_

If different from child's: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone no. (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone no.(\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Company: \_\_\_\_\_

**Father/ Co-Parent:** \_\_\_\_\_

If different from child's: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone no. (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Work phone no.(\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Company: \_\_\_\_\_

| Sibling(s): | NAME  | AGE   | GENDER | SCHOOL & GRADE |
|-------------|-------|-------|--------|----------------|
| _____       | _____ | _____ | M F    | _____          |
| _____       | _____ | _____ | M F    | _____          |

Others (relative, au pair, etc.) living in child's home: \_\_\_\_\_

Prior day care or school experience and dates: \_\_\_\_\_

Why are you considering a Montessori education for your child? \_\_\_\_\_

How did you hear about CMS \_\_\_\_\_ Have you observed our programs? \_\_\_\_\_

Please check the program(s) of interest below School year for which you are applying: 20\_\_\_\_ - 20\_\_\_\_

### Cattoira Montessori Programs:

**Toddler for 18 Months +**

- ☐ 5 Full Days (8:25 a.m. – 3:30p.m.)
- ☐ 5 Mornings (8:25 a.m. – 11:30a.m.)
- ☐ 5 Afternoons (12:00 p.m. – 3:30p.m.)

**Primary for 3 and 4 year olds**

- ☐ 5 Full Days (8:25 a.m. – 2:30p.m.)
- ☐ 5 Half Days (8:25 a.m. – 11:30a.m.)

**Kindergarten for 5 years +:**

- ☐ 5 Full Days (8:25 a.m. – 2:30p.m.)

**Lower Elementary**

- ☐ 6 to 9 year olds (8:25 a.m. – 3:30p.m.)

**Upper Elementary**

- ☐ 6 to 12 year old (8:25 a.m. - 3:30p.m.)

**Extended Day**

- ☐ Early Care (7:30 – 8:25a.m.)
- ☐ After School (2:45 – 5:00p.m.)

Are you aware of any special learning needs your child may have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical concerns (e.g., allergies or sensitivities to certain foods or medications, traumatic injuries or serious illnesses)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child adapt well to separation from you? \_\_\_\_\_  
\_\_\_\_\_

Does your child adapt well to new settings? \_\_\_\_\_

Please describe your child's personality and temperament: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide us with any additional information we should know about your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### FOR ALL APPLICANTS

- ☐ Florida Health Certificate

### FOR ALL APPLICANTS WHO HAVE ATTENDED SCHOOL:

Current school \_\_\_\_\_ Current grade level \_\_\_\_\_

Academic interests: \_\_\_\_\_

- ☐ Transcript from your child's current and previous school(s)
- ☐ Student Evaluation Form completed by your child's current teacher. Evaluation forms are available for download from the Admissions pages of [www.cattoiramontessori.com](http://www.cattoiramontessori.com).

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### DEPOSIT FEE

Upon receipt of the application form and non-refundable deposit of \$850 you will receive an acknowledgement.

Families must attend an interview in order to be considered for enrollment. Please make checks payable to **Cattoira Montessori School** and mail to **9385 SW 79<sup>th</sup> Ave., Miami, FL 33156**. You may include a recent snapshot of your child if you wish.

Parent/Guardian Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_